

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 3 0 2019

RE TATE

	PLEASE PRINT			NEW HAMPSHIR DEPARTMENT OF S
I. Name of Lobbyist	(s) Douglas L. Patc	h		
II. Name of lobbyist	's partnership, firm or	corporation, if any	:	
Orr & Reno, P.A				
(Na	me of partnership, firm or o	corporation)		
	t, P.O. Box 3550	Concord (Town/City)	NH(State)	03302 (Zip Códe)
(603) <u>224-2381</u> (Telephone)	(603) 224-2318 (Fax)	e-mail dpatch@	orr-reno.com
III. This statement of	overs: (Choose one – fi ransactions which are	le separate reports		ay file a separate report for
All reportable tra	nsactions occurring in th	e months prior to the	e reporting date relative to th	e following client:
New Englar	d Backflow (Full Name of Client as	it appears on the Lobb	yist Registration Form)	
OR	(* 21. 7 ,21 21 21		,,	
☐ All reportable tran unrelated to any parti		(including the lobby	ist's family), or the lobbying	g firm listed below which are
IV. Date of Report Reports cover: act	April 25, 2018 wity from date of registration to 3/31/18		July 25, 2018	
	October 31, 2018 activity from 7/1/18 to 9/30/18		January 30, 2019 🛭 activity from 10/1/18 to 12/31/18	
V. There have bee If this box is checked, Concord, NH 03301.	n no fees received an complete just this form	d no reportable to and submit it to the	ransactions made since t Secretary of State's Office, S	he last report. 🛛 State House, Room 204,
VI. Check if additio	nal reports are attache	d:		
			Addendum A- Fees and E	
Expense Reimbursen	nent		must file Addendum B Re	
☐ If you, your firm	, or your family has mad	e political contributi	ons, you must file Addendu	nm C- Political Contributions
I have read-RSA 15,	ffirmation by Lobbyist RSA 15-B, RSA-14-C ar estlot my knoviedge an	nd RSA 664 and here	eby swear or affirm that the	foregoing information is true
1 / M Must			1/30/19	
(Signature of lobby)	st)	- ·	(Da	te)
Douglas L. Pate (Print Name of lobb			•	